



**HOUSEHOLD EXPENSE  
DEFICIT STATEMENT (ZERO INCOME)**

**TO BE FILLED OUT IF THE CLIENT HAS:**

**A) NO INCOME; OR**

**B) INSUFFICIENT INCOME TO MEET LIVING EXPENSES**

Name: \_\_\_\_\_ For the Month & Year of \_\_\_\_\_

**A.** Check one of the following: (then complete Section B)

☐ 1. This statement is to verify that I have not received earned or unearned income from any source during the month and year noted above. I also certify that I/we do not receive income from family or friends on a consistent basis.  
Reason for loss of income: \_\_\_\_\_

☐ 2. This statement is to verify how my household was able to meet expenses even though our income was less than our living expenses.

**B.** How expenses were met: In order to meet expenses for the month above I/we:

☐ Used Savings

☐ Didn't pay any bills

☐ Borrowed money

☐ OTHER (please explain below)

☐

Other explanation:

I am aware that providing false information to the HEAT program is grounds for denial of my application or may require that I repay in full any payment made in behalf of my household from the HEAT program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date